

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983
**IN THE UNITED STATES DISTRICT COURT
 FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

COMPLAINT

Henderson #224554 state miss # B.O.P. #09151-003
 (Last Name) (Identification Number)
Darrell Lynn
 (First Name) (Middle Name)
CMCF B-P-#4
 (Institution)
P.O. Box 88550 Pearl, Miss 39288
 (Address)
 (Enter above the full name of the plaintiff, prisoner and address
 of plaintiff in this action)



V.

CIVIL ACTION NUMBER: 1:19cv717 LG-RHW
 (to be completed by the Court)

George Co. Regional Corr. FacilitySheriff Keith HowardWarden Bobby Fairley

Mantrance - Mr. McMillan and names of staff involved
 (Enter the full name of the defendant(s) in this action) I need 1st names

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated?
 Yes (☒) No (☐)
- B. Are you presently incarcerated?
 Yes (☒) No (☐)
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
 Yes (☒) No (☐)
- D. Are you presently incarcerated for a parole or probation violation?
 Yes (☐) No (☒)
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes (☐) No (☒)
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes (☒) No (☐)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Darrell Lynn Henderson Prisoner Number: #224554

Address: CMCF B-D-#4

P.O. Box 88550

Pearl, Miss 39288

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: Keith Havard is employed as Sheriff
Bobby Fairley Warden

at George county regional correctional facility

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME:

Darrell Henderson

ADDRESS:

CMCF B-D-#4

P.O. Box 88550

Pearl, Miss. 39288

DEFENDANT(S):

NAME:

Keith Havard

ADDRESS:

George county Sheriff

Bobby Fairley

George co. Warden

M^s William

George co. maintenance

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes () No (☒)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

CASE NUMBER 2.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

Sheriff - involved with decisions made at bond and

I feel corporal punishment towards me

Warden - same as above and other issues
of dehumanizing at institution

Maintenance Men - having pulled a sprinkler
system out of my cell placing me in
danger of fire hazard

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

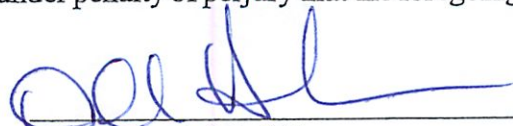
monetary relief,

punitive relief

and all my legal issues fixed because
of them over riding a federal judge

Signed this 30 day of September, 20 19.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.


Signature of plaintiff